

# CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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Total Indep												
Total Depend												
Total Claims												

